

**Political Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
**2011 Elections**

Delbert Hosemann

SECRETARY OF STATE

**RECEIVED**  
 MAY 10 2011

Secretary of State  
 Capital Office

Name of Candidate HARVEY MOSS  
 Address 49 FARRIS LN. CORINTH, MS 38834 County ALCORN  
 Telephone 662-287-4689 Fax 662-287-8086  
 Treasurer \_\_\_\_\_ Email Address \_\_\_\_\_

☐ Check here if above is different from previous report

- ☒ **May 10, 2011 Periodic Report** (January 1, 2011, through April 30, 2011) \_\_\_\_\_ Mandatory  
☐ **June 10, 2011 Periodic Report** (May 1, 2011, through May 31, 2011) \_\_\_\_\_ Mandatory  
☐ **July 8, 2011 Periodic Report** (June 1, 2011, through June 30, 2011) \_\_\_\_\_ Mandatory  
☐ **July 26, 2011 Pre-Election Report** (July 1, 2011, through July 23, 2011) \_\_\_\_\_ Primary Candidates  
☐ **August 16, 2011 Pre-Election Report** (July 24, 2011, through August 13, 2011) \_\_\_\_\_ Runoff Candidates Only  
☐ **October 10, 2011 Periodic Report** (July 24, 2011, through September 30, 2011) \_\_\_\_\_ Mandatory  
☐ **November 1, 2011 Pre-Election Report** (October 1, 2011, through October 23, 2011) \_\_\_\_\_ Mandatory  
☐ **November 22, 2011 Pre-Election Report** (October 30, 2011, through November 19, 2011) \_\_\_\_\_ Runoff Candidates Only  
☐ **January 10, 2012 Periodic Report** (October 30, 2011, through December 31, 2011) \_\_\_\_\_ Mandatory  
☐ **Termination Report** (Candidate will no longer accept contributions or make Campaign expenditures and has no outstanding campaign debt obligation)

**IMPORTANT**

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.  
 (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).  
 (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND**

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	<u>800.00</u> + \$ <u>          </u>	\$ <u>800.00</u>	\$ <u>800.00</u>
Total amount of disbursements \$	<u>274.45</u> + \$ <u>828.35</u>	\$ <u>1102.80</u>	\$ <u>1102.80</u>
Total amount of cash on hand		\$ <u>2012.45</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Harvey Moss  
 Signature of Candidate

5-10-11  
 Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirement.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and / or prosecution in accordance with Miss. Code Ann. §§ 23-15-8-11 (1972).

**SEND TO :** 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499.  
 2. Candidates for county wide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

HARVEY MOSS

Reporting period

1-1-11

through

4-30-11

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name JOSHUA S. LANDY		7/3/11	\$ 500.00
Mailing Address 2091 E. COUNTRY CLUB DRIVE #508			\$
City, State, Zip Code Aventura, FL 33180			\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name NISOURCE INC. PAC		5/2/11	\$ 300.00
Mailing Address 200 CIVIC CENTER DRIVE			\$
City, State, Zip Code Columbus, OH 43215			\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$ 300.00
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name			\$
Mailing Address			\$
City, State, Zip Code			\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name			\$
Mailing Address			\$
City, State, Zip Code			\$
Name of Employer (Required)			\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

HARVEY MOSS

Reporting period

1-1-11

through

4-30-11

## ITEMIZED DISBURSEMENTS

<b>A. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<u>AD WORLD SPECIALTIES</u>	<u>1/20/11</u>	\$ <u>274.45</u>
<b>Mailing Address</b>		
<u>3403 LANELL LANE</u>		
<u>PEARL, MS. 39208</u>		
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$ <u>274.45</u>
<b>B. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each</b> <b>disbursement this period</b>
<b>Mailing Address</b>		
<b>City, State, Zip Code</b>		
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate</b> <b>Year-to-date</b>	\$